

**Affidavit of  
Intent to Enroll  
and to Attend an  
Institution of  
Higher Education**

**Robert C. Byrd  
Honors Scholarship**

**ARIZONA STUDENTS  
FY 2003-2004**

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Social Security # (All information provided is confidential.)

**Student's Name: Type or black ink**

First	Middle	Last

I do hereby certify that I have enrolled, or will enroll, and will pursue a full-time course of study (minimum twelve credits) at the following institution of higher education:

Name of College or University		
Address		
City	State	Zip Code

If you have not decided upon the college or university of choice – but intend to enroll at an institution of higher education full time in accordance with the award of the Robert C. Byrd Honors Scholarship – fill in “undecided” in the Name of College or University box above.

My Freshmen semester will begin:	2003
	Month/Day

I understand that, if for unforeseen circumstances or other conditions, I cannot attend an institution of higher education within the subsequent twelve months of the scholarship award, I will notify in writing the Arizona Department of Education, Byrd Scholarship Office.

**Approval Signatures**

\_\_\_\_\_  
Student (Please sign in blue ink on the above line)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Parent or Legal Guardian (Please sign in blue ink on the above line)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
School Principal (Please sign in blue ink on the above line)

\_\_\_\_\_  
Date of Signature

Attachment to the Byrd Application